

Name  
in  
Full

Anna Bigelow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rock Hall</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>Dec</u> <sup>Month</sup>	<u>17</u> <sup>Day</sup>	<u>32</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co. Md.</u>			
Occupation <u>Book Keeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John W Bigelow</u>	Father's Birthplace <u>Belair</u>				
Mother's Maiden Name <u>Hannah S Toulson</u>	Mother's Birthplace <u>Kent Co. Md.</u>				
Name of person giving information <u>John W Bigelow</u>		How related to deceased <u>Farther</u>			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Cause <u>Heart Disease</u>	How long <u>6 months</u>
Immediate Cause <u>Exhaustion</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Walter C. Kelly M.D.</u>
<u>Yes</u>	Address <u>Rock Hall, Md.</u>
Accident or Suicide?	

15.1

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Not names Bradley  
Died at *Beth* Town *Chestertown* County *Kent*

MARYLAND

Date of death *1907* Month *12* Day *9* Age *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Chestertown*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

*Jr Arthur Bradley*

Father's Birthplace

*Kent. Md.*

Mother's Maiden Name

*Sarah Elizabeth Beck*

Mother's Birthplace

*Kent. Md.*

Name of person giving information

*W F Humes*

How related to deceased

*Not at all*

## CAUSES OF DEATH

**7176**

Primary

*Dead during birth*How long *—*Immediate *—*How long *—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*W Frank Humes*  
*Chestertown*  
*Md.*

Accident or Suicide?

G. E. & Schuster con

Name  
in  
Full

Francis Matilda Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

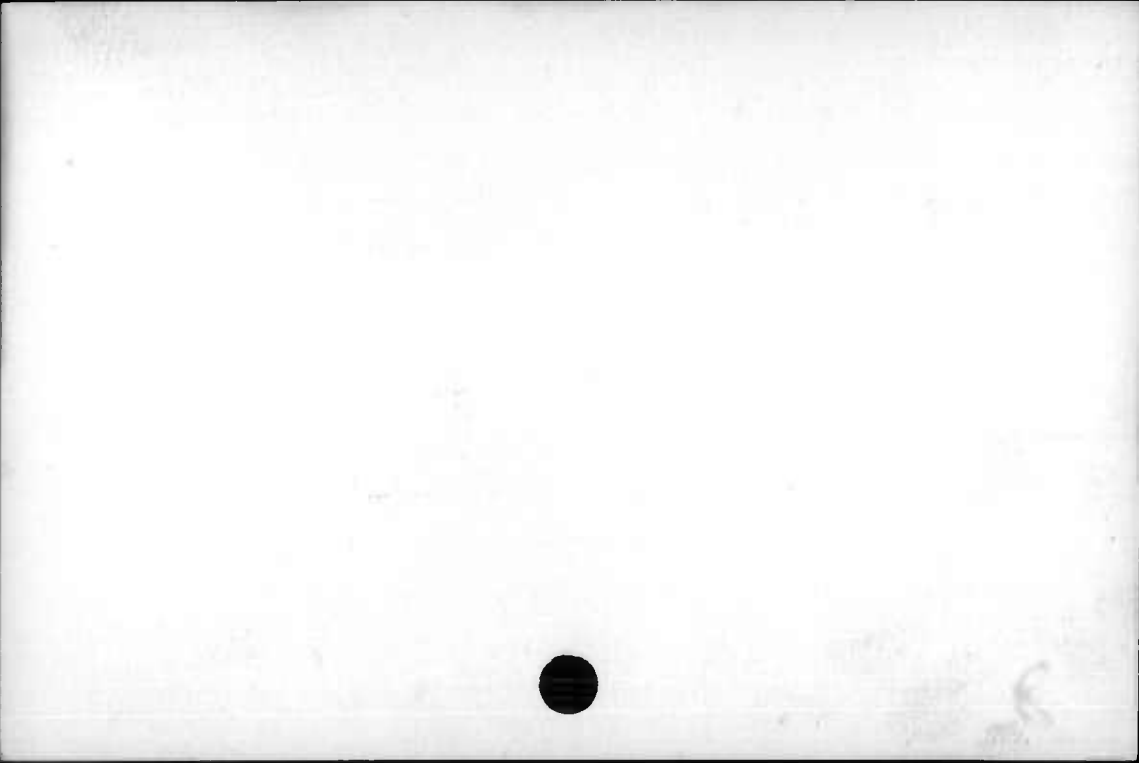
Died at <i>Perry Neck</i>		Town		County <i>Kent.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec.</i>	Day <i>16</i>	Age <i>77</i>	Years	Months <i>11</i>	Days <i>28</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death		<i>At place of death</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Richard Crouch</i>					
Father's Name <i>Washington Grant</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Anne Ashley</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Washington Crouch</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Myocarditis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos B. Willson</i>
	Address <i>Edesville P.O. Kent Co. Md.</i>
Accident or Suicide?	



Name in Full		French				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Age	Years	
	Sex		Color or Race		Birth-place		Months
	Occupation		Where Residing if not at place of death				Days
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information		How related to deceased				
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">S</div> CAUSES OF DEATH </div>							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						

J. E. H. Hemmingsville.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

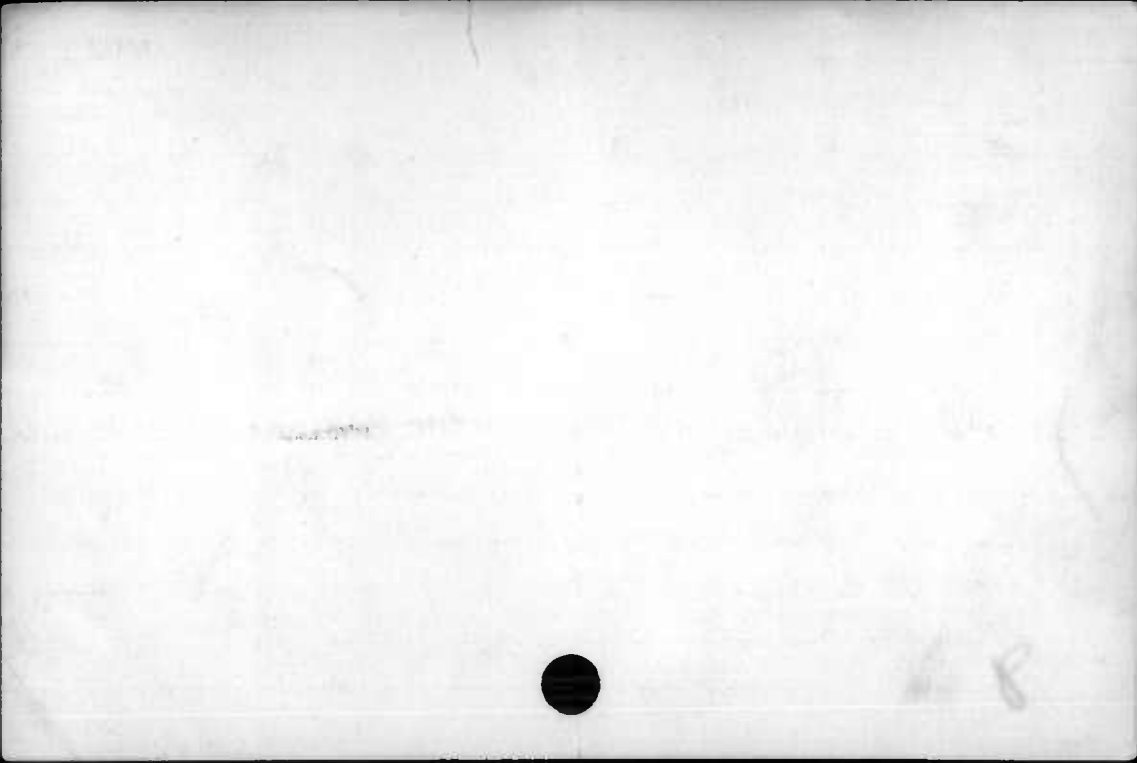
Name in Full <i>James Johnson Hall</i>		Town <i>Fredericktown</i>		County <i>Kent County</i>		MARYLAND	
Died at <i>Fredericktown</i>		Month <i>Dec</i>		Day <i>2nd</i>		Years <i>72</i>	
Date of death <i>1907</i>		Months <i>5 mo</i>		Days <i>14</i>			
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>New Jersey</i>			
Occupation <i>Farmers</i>		Where Residing if not at place of death <i>Fredericktown Md</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Annie Rothwell Hall</i>					
Father's Name <i>Josiah Hall</i>		Father's Birthplace <i>New Jersey</i>					
Mother's Maiden Name <i>Johnson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Chas. O Hall</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Hemorrhage on Brain</i>		How long	<i>instantly</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. W. Johnson</i>	
			Address <i>Galena Md.</i>	
Accident or Suicide?				



Name in Full <b>Calvin M. Haughton</b>		CERTIFICATE OF DEATH	
Died at <b>Chestertown</b> <small>Town</small>		<b>Kent</b> <small>County</small>	
Date of death <b>1907 Dec 13</b>		Age <b>1</b> <small>Years</small>	
Sex <b>Male</b>		Color or Race <b>Coal</b>	
Occupation <b>—</b>		Birth-place <b>MD</b>	
Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>Johns Haughton</b>		Father's Birthplace <b>N. C.</b>	
Mother's Maiden Name <b>Mary Cotton</b>		Mother's Birthplace <b>MD</b>	
Name of person giving information <b>Father</b>		How related to deceased	
CAUSES OF DEATH <b>(93)</b>			
Primary <b>Pneumonia</b>		How long <b>One week</b>	
Immediate <b>Cardiac failure</b>		How long <b>Several hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. G. Sumner</b>	
Address <b>Chestertown</b>			
Accident or Suicide? <b>No</b>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J. E. Y. James M. E.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

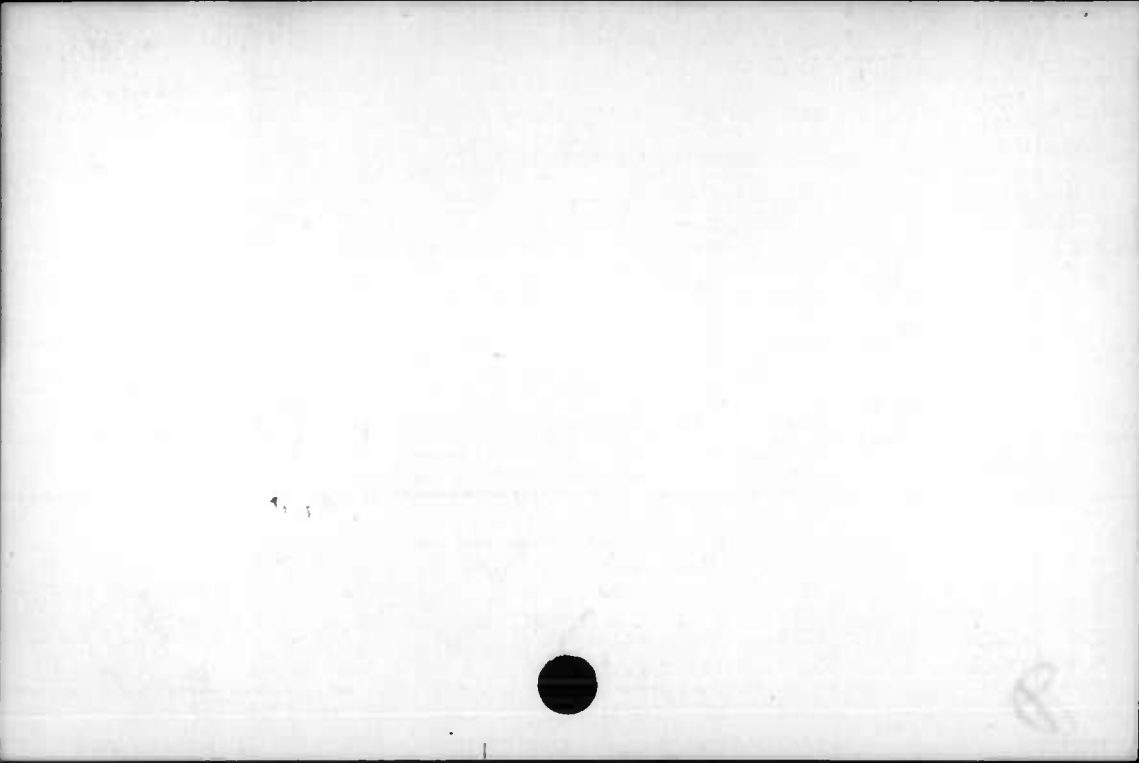
Name <i>Mollie Johnson</i>		Town <i>Sharpton</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Died at <i>Sharpton</i>		Month <i>dec</i>		Day <i>18</i>		Years <i>29</i>	
Date of death <i>1907</i>		Age <i>29</i>		Months <i>3</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth- place <i>St Marys leeds</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Sharpton Kent Co</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William H. Johnson</i>					
Father's Name <i>Jasper B. Baller</i>		Father's Birthplace <i>St Marys leeds</i>					
Mother's Maiden Name <i>Bathym Johnson</i>		Mother's Birthplace <i>cc cc</i>					
Name of person giving information <i>Husband</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William H. Baller MD</i>
	Address <i>Rock Hall md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Martha Ann Joiner

CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Rock Hall

<sup>County</sup> Kent

MARYLAND

Date of death 1907 Dec

Day 19

Age 65- Years

Months

Days

Sex Female

Color or Race White

Birth-place Maryland

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband James Joiner

Father's Name James Elbourn

Father's Birthplace Kent Co Ma

Mother's Maiden Name Sarah Jones

Mother's Birthplace Kent Co Ma

Name of person giving information James Joiner

How related to deceased Husband

CAUSES OF DEATH

66

Primary Paralysis

How long 2 years

Immediate Exhaustion

How long One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

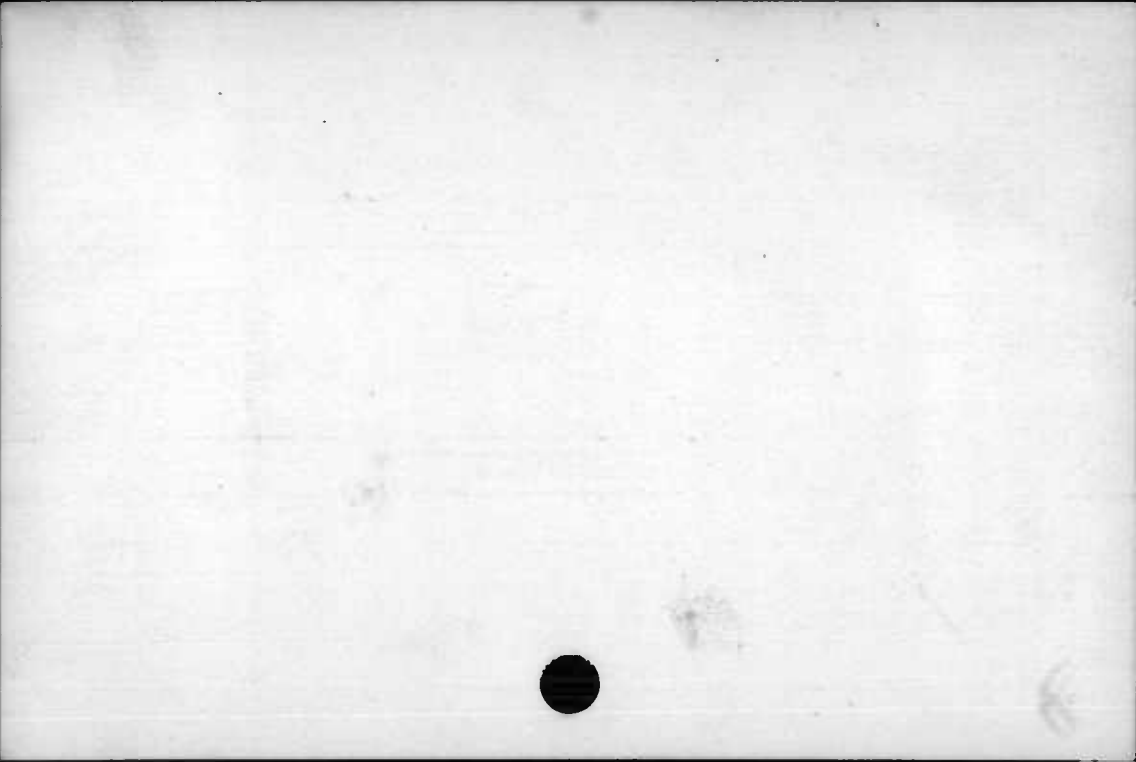
Address

Walter S. Day, M.D.  
Rock Hall, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

*Leonidas Martin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

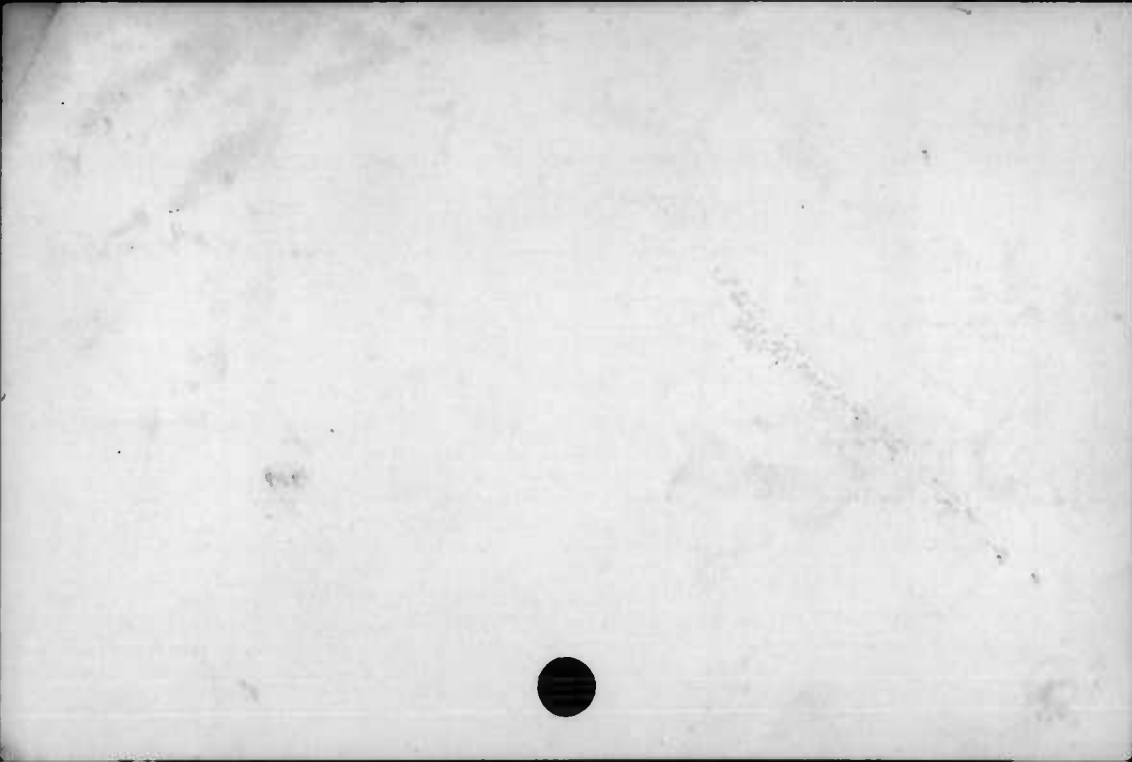
Died at <i>near Galesburg</i> <small>Town</small>		<i>Kent</i> <small>County</small>			
Date of death	<i>1907</i>	Month	<i>12</i>	Day	<i>21</i>
				Age	<i>21</i>
Sex	<i>male</i>	Color or Race	<i>African</i>		Birth-place
Occupation	<i>Labourer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>James Martin</i>				Father's Birthplace
Mother's Maiden Name	<i>Sarah Scott</i>				Mother's Birthplace
Name of person giving information	<i>father</i>				How related to deceased

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Six Months</i>
Immediate	<i>Pulmonary hemorrhage</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Latham</i>
		Address	<i>Galesburg Ind.</i>
Accident or Suicide?			



Name

in  
Full

John Corvel Synson Maslin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>near</sup> ~~Farm~~ <sup>Town</sup> Chestertown

County Kent

MARYLAND

Date of death 1907 Dec

Day 2

Age 63 Years

Months 00

Days 3

Sex Male

Color or Race White

Birth-place Kent Co Md

Occupation Farmer all his life

Where Residing if not at place of death at his son Sam <sup>near</sup> Chestertown

Married, Single or Widowed Married

Name of Wife or Husband Hannah B all

Father's Name Wm J Maslin

Father's Birthplace Kent Co Md

Mother's Maiden Name Ann Rebecca Maslin (nee)

Mother's Birthplace Kent Co Md

Name of person giving In formation Fanny Edwards

How related to deceased Daughter

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Bright

How long 2 years

Immediate Eucemia

How long Some days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Frank Hories

Address

Chestertown  
Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

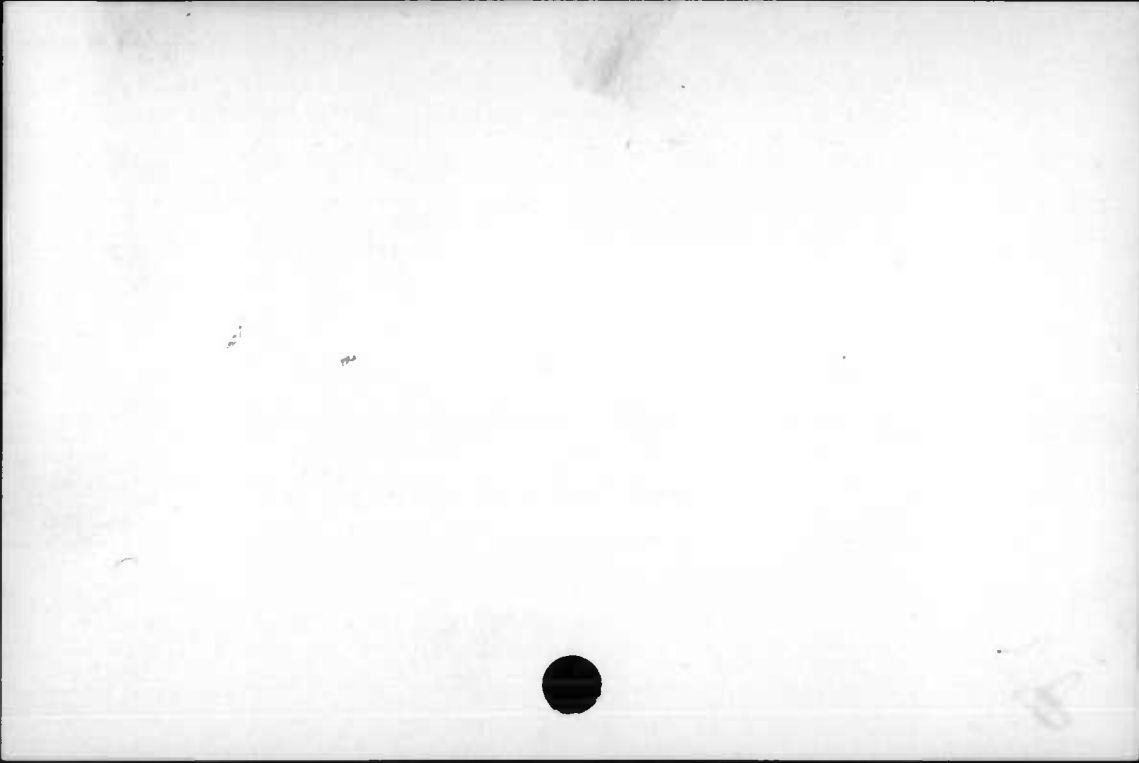
Died at <i>East Neck Island</i>		Town <i>East Neck Island</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>24</i>	Age	Years	Months <i>3</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>E. N. Island, Kent Co., Md.</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>Frank A. Sappington</i>			Father's Birthplace <i>E. N. Island Md.</i>				
Mother's Maiden Name <i>Clara V. Sneider</i>			Mother's Birthplace <i>Do.</i>				
Name of person giving information <i>Frank A. Sappington</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Cause <i>Not Known,</i>	How long
Immediate Cause <i>No Doctor in Attendance</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. M. Patterson Jr</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

John Watson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

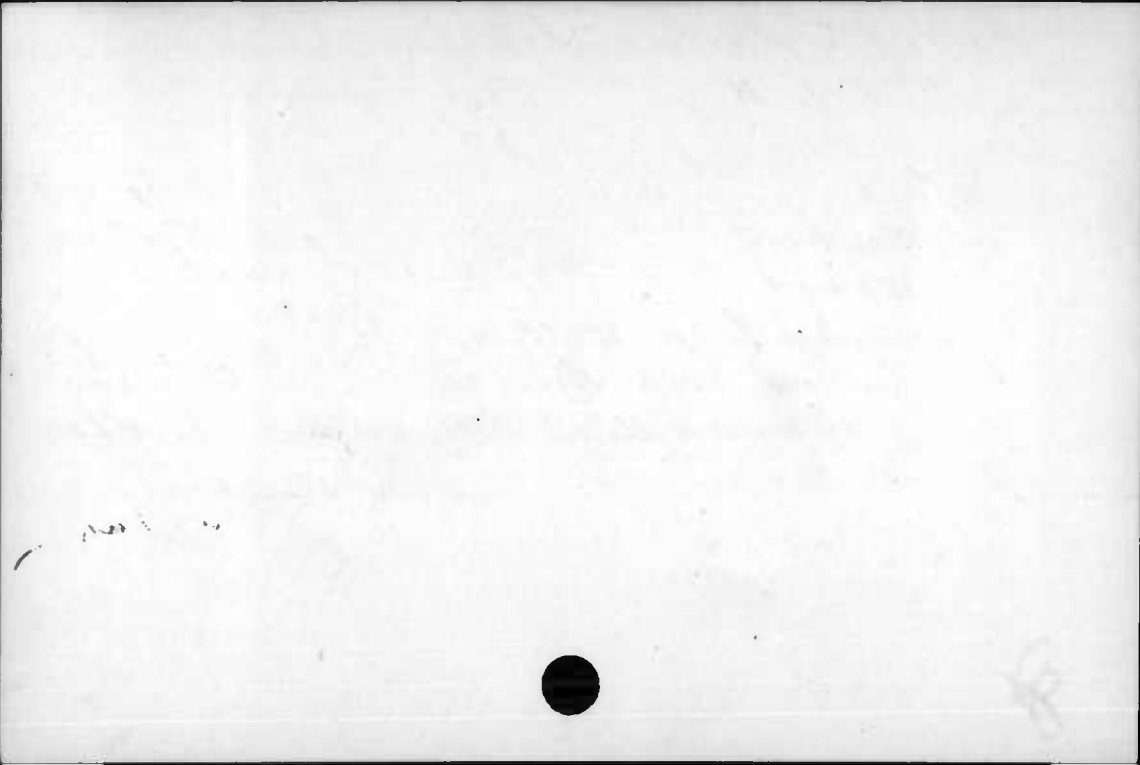
Died at <sup>Town</sup> Broad neck		<sup>County</sup> Kent		MARYLAND	
Date of death	1907	Month	Dec	Day	23
Sex	Male	Age	70 (about)	Months	
Color or Race	Col	Birth-place	Va	Days	
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or <del>Husband</del>	Ella Thomas		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Capt Walter Fletcher		How related to deceased	None	

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	Asphyxy	How long	Over two hrs
Immediate	Coma	How long	Over two hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr H. G. Simpson
		Address	Chesapeake
Accident or Suicide?	No		Ind





Name  
in  
Full

Herbert Goldsborough Wilkison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

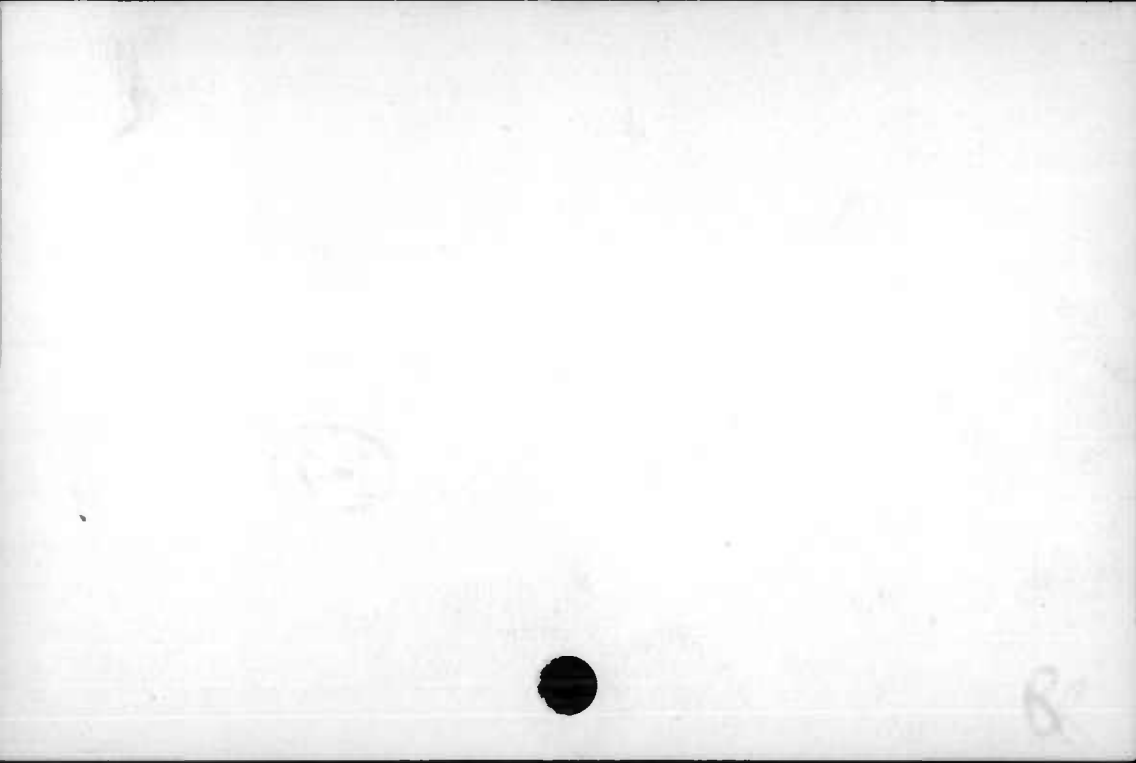
Died at <i>Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent-County</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>14</i>	Age <i>32</i>	Years <i>7</i>	Months <i>7</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent-County Md</i>				
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Rock Hall</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harmonie E. Lambert</i>						
Father's Name <i>Bartus Johnson Wilkison</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Eudora Cora Betton</i>	Mother's Birthplace <i>St. Paul, Minnesota</i>						
Name of person giving information <i>Thomas William Wilkison</i>	How related to deceased <i>Brother</i>						

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter J. Kelly M.D.</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Marian Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Rock Hall</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Dec</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>40</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Servant</i>		Where Residing if not at place of death <i>At Place of Death</i>			
Married, Single or Widowed <i>Widowed</i>	Name of <del>Wife</del> Husband <i>Elijah Williams</i>				
Father's Name <i>Edward Willis</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Charlotte Dorsey</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>William Green</i>			How related to deceased <i>Brother in Law</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Do not know no Dr. attending</i>	How long
Immediate <i>Supposed to be Consumption</i>	How long <i>about 6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>F.M. Satterfield, S.R.</i>
<i>So far as i know. yes</i>	Address <i>Rock Hall Md</i>
Accident or Suicide? <i>No</i>	

